

2024 GOLF OUTING REQUEST FORM

GOLF OUTING NAME: _____

COORDINATOR NAME: _____

COORDINATOR EMAIL: _____

COORDINATOR PHONE: (____) _____ - _____

DESIRED OUTING DAY: MONDAY _____ THURSDAY _____

DESIRED OUTING DATE: ____ / ____ / 2024

DESIRED OUTING TIME: 12:00pm _____ 12:30pm _____ 1:00pm _____

COORDINATOR SIGNATURE: _____

DATE: ____ / ____ / 2024

HEAD GOLF PROFESSIONAL USE ONLY

PLEASE ATTACH PRINTED EMAIL OUTING REQUEST TO THIS FORM

DATE RECEIVED BY EMAIL: ____ / ____ / 2024 TIME: ____ : ____ AM / PM

HEAD GOLF PROFESSIONAL SIGNATURE: _____

DATE: ____ / ____ / 2024

DIRECTOR OF PARKS USE ONLY

APPROVED _____ DENIED _____

DIRECTOR OF PARKS SIGNATURE: _____

DATE: ____ / ____ / 2024